MONTANA WIC PROGRAM

Post-Event Request For Continuing Education Credit Approval

Please submit within 90 days of completion of activity.   Date _____

Name _____   WIC Program _____

Position _____

         (RD, RN, HEC, Aide)

Program Title _____

Presenter(s): _____

Qualifications: _____

Date(s) Attended: _____   Hours: _____

               (attach program brochure)   (if multiple sessions/topics,

                                             indicate number of hours

                                             requested for each session

                                             attended.

State Objectives: _____

How does the topic of the program/conference relate to the WIC Program? _____